Finding Statement Template

Physical Abuse

On or about (<u>date</u>), (<u>perpetrator's name</u>) abused (<u>child's name and age</u>) when he/she (<u>state what the perpetrator did</u>) causing the child to sustain (<u>describe the injury and</u> location on the child's body).

Services offered or provided:

Sexual Abuse

On or about (<u>date or time frame</u>), (<u>perpetrator's name</u>) abused (<u>child's name and age</u>) when he/she (<u>state what the perpetrator did to the child listing the specific sexual act/contact</u>.)

Services offered or provided:

Emotional Abuse

On or about (<u>date and/or time frame</u>), (<u>perpetrator's name</u>) abused (<u>child's name and age</u>) by inflicting emotional damage as a result of (state what the perpetrator did), as evidenced by (<u>state one or more of the following: depression, untoward aggression, severe anxiety, withdrawal</u>), which was diagnosed by (<u>state the name of the medical doctor or psychologist, with title</u>), on (<u>date of evaluation</u>).

Services offered or provided:

Neglect

On or about (date and/or time frame), (perpetrator's name) neglected (child's name and age) when he/she failed to provide (state one or more of the following: shelter, supervision, food, clothing or medical care) as he/she (state what the perpetrator did or failed to do/the incident that shows the inability or unwillingness to meet the child's needs), placing (child's name) at unreasonable risk of harm for (describe the harm the child faced as a result).

Services offered or provided:

Substance Exposed Newborn (under 30 days of age)

On or prior to (the infants date of birth), (mother's name) neglected (child's name and D.OB.), when she prenatally exposed the child to (state the substance) in utero, as assessed by a health professional.

Services offered or provided:

Substance Exposed Infant (from birth up to one year of age)

Prior to (the infants date of birth), (perpetrator's name) neglected (child's name and age) when she prenatally exposed the child to (state substance) as (child's name) was diagnosed with Fetal Alcohol Effects by a health professional.

Services offered or provided:

Pending Dependency Adjudication

Propose to substantiate abuse, neglect or abuse/neglect because a dependency petition has been filed. (Name) County Superior Court, JD #(_____).

Services offered or provided: